

CHEYENNE POLICE DEPARTMENT

Protecting the Legend

PERSONAL HISTORY STATEMENT (SWORN OFFICER)



CONFIDENTIAL

WHEN COMPLETED RETURN
CHEYENNE POLICE DEPARTMENT
BACKGROUND INVESTIGATIONS
415 W. 18TH STREET
CHEYENNE, WY 82001

307-637-6537

www.cheyennecity.org

Cheyenne Police Department
Personal History Statement

Instructions to Applicants

Your Personal History Statement will be used as the basis for a background screening that will determine your eligibility to be hired by the Cheyenne Police Department. Complete background screenings are authorized by the Wyoming Peace Officer Standards and Training Commission.

Your failure to properly complete this document may result in the rejection of your application. Deliberate omissions or misstatements of required information are grounds for rejection.

If you need another Personal History Statement or have any questions regarding the required information, please call the Cheyenne Police Department at (307) 637-6537.

1. The Personal History Statement (PHS) must be filled out by the applicant.
2. All entries are to be typed or hand printed legibly in **BLUE** ink.
3. An original PHS must be turned in. A copy will not be accepted.
4. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
5. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin. All time periods in your background must be accounted for.
6. You are responsible for obtaining correct addresses to include zip codes, area codes and telephone numbers. **AN INCOMPLETE PHS WILL NOT BE PROCESSED.**
7. If there is not enough room on the PHS for your answers, attach an addendum. The addendum is to be in the same format as the PHS. Example: if you have more than three children, attach an addendum.
8. In the space below write a paragraph explaining why you want to be a Cheyenne Police Officer.

Cheyenne Police Department
Personal History Statement

Instructions to Applicants

NOTICE

If any of the following occurs during your background investigation, you must notify the Training Coordinator in writing:

- Name change
- Address or telephone number change
- Employer change
- If you are arrested
- If you receive a criminal summons
- If you are sued
- If you receive a traffic citation
- If you become the subject of a disciplinary action at work
- If you are terminated from any employment
- Any other significant event that occurs in your life

Table Contents

<u>Subject</u>	<u>Page</u>
Instructions	2
Personal	4
Relatives	4
Family	5
Relatives with close relationship	6
Individuals resided with	6
Personal References	7
Education	8
Residence	9
Employment History	10
Experience	14
Military Service	15
Financial	16
Legal	18
Motor Vehicle Operation & Drivers License	19
General Information	20

Cheyenne Police Department
Personal History Statement

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1. Personal

Your Name: _____			
Last	First	Middle	
Other names you have used including nicknames and maiden names: _____			

Address: _____			
Street	City	State	Zip
E-mail Address: _____			
Telephone Number: _____			
Home	Work	Cell	
Date of Birth: _____ (Must provide a copy of your Birth Certificate for proof of citizenship.)			
Place of Birth: _____			
Town/City	State	Country	
Social Security Number: _____			
In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.			
Height: _____ Weight: _____ Hair: _____ Eyes: _____			
Scars, tattoos or other marks: _____			

2. Relatives

Father: _____		Phone: _____	
Address: _____			
Street	City	State	Zip
Mother: _____		Phone: _____	
Address: _____			
Street	City	State	Zip
Father-in-law: _____		Phone: _____	
Address: _____			
Street	City	State	Zip
Mother-in-law: _____		Phone: _____	
Address: _____			
Street	City	State	Zip

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3. Family

Spouse: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Former Spouse: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Brother: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Sister: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Stepfather: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Stepmother: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Stepbrother: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Stepsister: _____	Phone: _____		
Address: _____			
Street	City	State	Zip
Children: _____	Name	Age	Lives with applicant?
Children: _____	Name	Age	Lives with applicant?
Children: _____	Name	Age	Lives with applicant?
Stepchildren: _____	Name	Age	Lives with applicant?
Stepchildren: _____	Name	Age	Lives with applicant?

4. Relatives Whom You Have a Close Personal Relationship

Name: _____	Relationship: _____	Phone: _____
Address: _____		
Street	City	State Zip
Name: _____	Relationship: _____	Phone: _____
Address: _____		
Street	City	State Zip
Name: _____	Relationship: _____	Phone: _____
Address: _____		
Street	City	State Zip
Name: _____	Relationship: _____	Phone: _____
Address: _____		
Street	City	State Zip

5. Individuals You Have Resided With During The Last 10 Years (exclude family)

Name: _____	Phone: _____	Dates: _____
Address: _____		
Street	City	State Zip
Name: _____	Phone: _____	Dates: _____
Address: _____		
Street	City	State Zip
Name: _____	Phone: _____	Dates: _____
Address: _____		
Street	City	State Zip
Name: _____	Phone: _____	Dates: _____
Address: _____		
Street	City	State Zip

Cheyenne Police Department

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Personal History Statement

Confidential

6. Personal References (exclude family)

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Cheyenne Police Department
Personal History Statement

Confidential

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7. Education

Peace Officers Standards and Training and Wyoming State Law require a Peace Officer to possess a U.S. high school diploma or equivalent. Indicate your current situation.

I passed a G.E.D. (General Educational Development) test.

I possess a high school diploma from a U.S. institution.

I possess a two-year college degree.

Degree earned: _____ Date: _____

Learning institution: _____

I possess a four-year college or university degree.

Degree earned: _____ Date: _____

Learning institution: _____

List all schools you have attended beginning with high school.

Name of School: _____ **Dates attended:** _____ to _____

Location: _____ **Phone:** _____
Street City State Zip

Name of School: _____ **Dates attended:** _____ to _____

Location: _____ **Phone:** _____
Street City State Zip

Name of School: _____ **Dates attended:** _____ to _____

Location: _____ **Phone:** _____
Street City State Zip

Name of School: _____ **Dates attended:** _____ to _____

Location: _____ **Phone:** _____
Street City State Zip

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four-year colleges and universities, business and vocational schools and any other education beyond high school level. Yes No

If yes, please explain (include school, date and circumstances):

Cheyenne Police Department

Personal History Statement

8. Residence

Please list all of your residences during the last 10 years. Begin with you most current residence.

Address of residence: _____
Street City State Zip

Dates: _____ to _____ If rented, give name and address of person responsible to collect rent:
Month/year Month/year

Address of residence: _____
Street City State Zip

Dates: _____ to _____ If rented, give name and address of person responsible to collect rent:
Month/year Month/year

Address of residence: _____
Street City State Zip

Dates: _____ to _____ If rented, give name and address of person responsible to collect rent:
Month/year Month/year

Address of residence: _____
Street City State Zip

Dates: _____ to _____ If rented, give name and address of person responsible to collect rent:
Month/year Month/year

Address of residence: _____
Street City State Zip

Dates: _____ to _____ If rented, give name and address of person responsible to collect rent:
Month/year Month/year

Address of residence: _____
Street City State Zip

Dates: _____ to _____ If rented, give name and address of person responsible to collect rent:
Month/year Month/year

Address of residence: _____
Street City State Zip

Dates: _____ to _____ If rented, give name and address of person responsible to collect rent:
Month/year Month/year

Cheyenne Police Department

Personal History Statement

Confidential

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Dates of employment: _____ to _____ Full-time Part-time Volunteer

Employer name: _____ Phone Number: _____

Employer address: _____
 Street City State Zip

Name of supervisors: _____

Names of co-workers: _____

Position title: _____

Position duties:

Reason for leaving: _____

Salary upon leaving: \$ _____ Per hour Per week Per month Per year

Dates of employment: _____ to _____ Full-time Part-time Volunteer

Employer name: _____ Phone Number: _____

Employer address: _____
 Street City State Zip

Name of supervisors: _____

Names of co-workers: _____

Position title: _____

Position duties:

Reason for leaving: _____

Salary upon leaving: \$ _____ Per hour Per week Per month Per year

Cheyenne Police Department
 Personal History Statement

Confidential

Confidential

Dates of employment: _____ to _____ Full-time Part-time Volunteer

Employer name: _____ Phone Number: _____

Employer address: _____

Street City State Zip

Name of supervisors: _____

Names of co-workers: _____

Position title: _____

Position duties:

Reason for leaving: _____

Salary upon leaving: \$ _____ Per hour Per week Per month Per year

Dates of employment: _____ to _____ Full-time Part-time Volunteer

Employer name: _____ Phone Number: _____

Employer address: _____

Street City State Zip

Name of supervisors: _____

Names of co-workers: _____

Position title: _____

Position duties:

Reason for leaving: _____

Salary upon leaving: \$ _____ Per hour Per week Per month Per year

Cheyenne Police Department

Personal History Statement

Confidential

Confidential

Dates of employment: _____ to _____ Full-time Part-time Volunteer

Employer name: _____ Phone Number: _____

Employer address: _____

Street City State Zip

Name of supervisors: _____

Names of co-workers: _____

Position title: _____

Position duties:

Reason for leaving: _____

Salary upon leaving: \$ _____ Per hour Per week Per month Per year

Dates of employment: _____ to _____ Full-time Part-time Volunteer

Employer name: _____ Phone Number: _____

Employer address: _____

Street City State Zip

Name of supervisors: _____

Names of co-workers: _____

Position title: _____

Position duties:

Reason for leaving: _____

Salary upon leaving: \$ _____ Per hour Per week Per month Per year

Cheyenne Police Department
Personal History Statement

Confidential

Confidential

10. Experience

Would any problem result if your present employer were contacted during the course of the background investigation? Yes No

If yes, when should such contact be made? _____

If you have had no prior employment, please explain:

Have you had any extended work absences for reasons other than earned vacations? Yes No

If yes, please explain (include when, name of employer and why).

Have you ever been fired or asked to resign from any place of employment? Yes No

If yes, please explain (include when, name of employer and why).

Have you ever applied successfully or unsuccessfully for another position requiring peace officer powers?

Yes No

If yes, please explain (include when, name of agency and circumstances).

Cheyenne Police Department
Personal History Statement

Confidential

Confidential

11. Military Service

Whether you have been in the military or not, complete this entire section of the History Statement.

Selective Service Number: _____ Approximate date of registration: _____
(Males only)

Address at time of registration: _____
City State

Have you ever served in the U.S. Armed Forces, National Guard or military reserves? Yes No

If yes, complete the following:

Branch of Service: _____ Service Number: _____

Dates of service: _____ to _____ Type of discharge: _____

Submit a copy of your DD214 form with the completed Personal History Statement.

Are you currently participating in any military reserve or National Guard program? Yes No

Have you ever been the subject of any judicial or non-judicial disciplinary action including Article 15's in the military, National Guard or military reserves? Yes No

If yes, please explain (include when, name of agency and circumstances).

List commanding officers or military acquaintances that know you well enough to provide accurate information about you.

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Cheyenne Police Department
 Personal History Statement

Confidential

Confidential

12. Financial

<u>Current Monthly Income</u>	<u>Current Monthly Expenditures</u>
Salary \$ _____	Real Estate (mortgage payment) \$ _____
Spouse's salary \$ _____	Rent \$ _____
Other income (describe) _____ \$ _____	Other monthly payments (describe) _____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
Total monthly income \$ _____	Approximate monthly expenditures \$ _____
 <u>Current Assets</u>	 <u>Current Liabilities</u>
Savings \$ _____	Real estate indebtedness \$ _____
Checking \$ _____	Long-term loans \$ _____
Real estate \$ _____	Charge accounts \$ _____
Stocks & Bonds \$ _____	Other liabilities (describe) _____ \$ _____
Life insurance (cash value of whole life policy) \$ _____	_____ \$ _____
Vehicles \$ _____	_____ \$ _____
Other assets (describe) _____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
Total Assets \$ _____	Total Liabilities \$ _____

Cheyenne Police Department
Personal History Statement

Confidential

Confidential

13. Detailed Financial Information

List detailed information on charge accounts, contracts, or other financial liabilities.

Name of firm or credit card	Amount owed	Monthly payment

Have you ever filed for bankruptcy? Yes No Year filed: _____

If yes, please explain (include when, where and why).

Have any of your bills ever been turned over to a collection agency? Yes No

If yes, please explain (include name of firm, when, where and why).

Have you ever had any purchased, rented or leased items repossessed? Yes No

If yes, please explain (include name of firm, when, where and why).

Have your wages ever been garnished? Yes No

If yes, please explain (include when, where and why).

Have you ever been delinquent on income or other taxes? Yes No

If yes, please explain (include when, where and why).

Cheyenne Police Department
Personal History Statement

Confidential

Confidential

14. Legal

Have you ever been arrested or convicted for any crime? Yes No

Date	Police agency	Circumstances

Have you ever been placed on court probation as an adult? Yes No

If yes, please explain (include court, when, where and why). _

Have you ever been required to appear before a juvenile court for an act that would have been a crime if committed by an adult? Yes No

If yes, please explain (include court, when, where and why).

Have you ever been reported to a law enforcement agency as a missing person or a runaway?
 Yes No

If yes, please explain (include court, when, where and why).

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?
 Yes No

If yes, please explain (include court, when, where and why)

Cheyenne Police Department

Confidential

Personal History Statement

Confidential

15. Motor Vehicle Operation and Drivers License

Current drivers license number: _____ State of issue: _____

License Classification: _____ Restrictions: _____

List all States where you have been issued a license to operate a motor vehicle:

List any different names that you license has been issued under: _____

Have you ever been refused a drivers license from any State? Yes No

If yes, please explain (include State, when, where and why).

Provide the name of your vehicles insurance company, phone number, policy number, and expiration date.

Insurance company	Phone #	Policy #	Expiration Date
-------------------	---------	----------	-----------------

List all traffic citations or tickets (excluding parking) you have received in the last 5 years.

Type of violation	City	Date	Fine or action on driver's license

List all motor vehicle collisions you have been involved in within the last 5 years.

Date of collision: _____ **Location:** _____
City & State

Police Investigation? Yes No Injuries involved? Yes No

Police agency: _____ Case number (if known) _____

Date of collision: _____ **Location:** _____
City & State

Police Investigation? Yes No Injuries involved? Yes No

Police agency: _____ Case number (if known) _____

Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation?

Yes No If yes, please explain (include court, when, where and why).

Cheyenne Police Department

Personal History Statement

Confidential

Confidential

16. General Information

Have you ever been refused insurance for any reason other than failure to pay a premium?

Yes No

If yes, please explain (include company name, address, date, and reason).

Have you ever applied for a concealed weapon permit? Yes No

Permit granted? Yes No Name of law enforcement agency: _____

Date granted permit: _____ Reason: _____

Is there anything you wish to discuss that is covered in this Personal History? Yes No

If yes, please explain:

Is there anything you wish to discuss that is NOT covered in this Personal History? Yes No

If yes, please explain:

I hereby certify that all statements made in this Personal History Statement are true and complete.

I understand that any misstatement of material facts will subject me to disqualification or dismissal.

Signature

Date